2008 Prepaid Affordable College Tuition (PACT) Application October-December

SECTION I: Information On Purchaser (Only one Name):

Complete this section for the Purchaser. The Purchaser is the person who controls the account, names the Designated Beneficiary and receives the account statements. The Purchaser must be at least 19 years old.

receives the account	statements. The Purchaser must be	at least 19 years old.		
N	LAST		FIRST	MI
Name: ☐ Mr. ☐ Mrs. ☐ Ms.				
Address	NUMBER AND STREET INCLUDING	G APT. #		
Titaless				
	CITY		ST ZIP	
			AREA CODE	
Date of Birth			Home Telephone	
Social Security Number			Work Telephone AREA CODE	
			Telephone ()	
	E-mail .	Address		
SECTION II: In	formation on Successor Acco	unt Owner (Ontion	al)	
	ant Owner is the individual named	· .		l purchaser named above and
must be 19 years old	l.			•
	LAST		FIRST	MI
Name: ☐ Mr. ☐ Mrs. ☐ Ms.				
	NUMBER AND STREET INCLUDING	G APT. #		
Address				
	CITY		ST ZIP	
			AREA CODE	
Date of Birth			Home Telephone ()	
C '1C ' N 1			AREA CODE	
Social Security Number			Work Telephone	
SECTION III. I	nformation on Beneficiary			
	ne individual who will receive the co	ontract benefits. If the ch	nild is not born (but will be	born before Sepember 1, 2009),
enter "unborn" as th			`	1
LAST		FIRST		MI
Name: ☐ Mr. ☐ Ms.				
NUMBER Address (if different	AND STREET INCLUDING APT. #			
from Purchaser)				
CITY		ST Z		EA CODE
			Telephone Number	
Social Security Number		Date of Birth		
Check the beneficiary's cu	irrent grade or age with the corresponding p	projected college entrance year	as of September 1, 2008.	
☐ Newborn – born betwe	en 9/1/08 and 9/1/09 – 2027 □ Age 5 –		☐ Fifth Grade – 2016	
☐ Infant – 2026 ☐ Age 1 – 2025		Grade – 2019	☐ Sixth Grade – 2015 ☐ Seventh Grade – 2014	•
☐ Age 2 – 2024 ☐ Age 3 – 2023 ☐ Age 4 – 2022		Grade – 2018 Grade – 2017	☐ Eighth Grade – 2013 ☐ Ninth Grade – 2012	

for the same beneficiary and purchaser,						
One Year Contract	_ Four-Year Contract					
		ne appropriate blanks below to indicate your payment t remaining are due the first of each month thereafter.	to the account.			
Payment Schedule						
Single lump sum (amount) \$						
5 year monthly payment (monthly amount)						
Extended monthly payment (monthly a	mount)		\$			
Payment Method						
1. Check (made payable to PACT						
2. Automatic payment. Allows automatic transfers from your bank account to the PACT program. Monthly payment amounts will be debited from your account on the 1st day of each month, and						
	-	ent on the 1st day of each month, and ent. (Not available for lump sum payment.)				
3. Payroll deduction may be avai	•	* * *				
	•	•				
Applies to Automatic Payment Only. The transfer will be made February 1, 2	· · · · · · · · · · · · · · · · · · ·	from my personal bank account (check one): Che	cking \square Savings			
Name of Financial Institution						
Bank Account Number		ABA Routing Number				
uthorization						
		Y				
ignature of Bank Account Owner	Date	Signature of Joint Bank Account Owner. If applicable	Date			
t appears in Section 1 of this form. P	Please read the following	lete this section to establish your account. Sign your information concerning your signed agreement:				
		n that identifies each person who opens an account. In Until you provide the required information, and/or				
	pursuant to 26 USC section	ne disclosure of the Social Security numbers of the Ben ons 529 and 3406. The Social Security numbers will be Code.				
he PACT Rules, and the Participation :	and Payment Schedule. In the enrollment kit, prio ter Considerations as prese	by the terms and provisions of the Application, the D understand and accept responsibility for reading the D or to making an investment in the PACT Program. I t ented in the Disclosure Statement. I certify that all ide	Disclosure Statement anderstand PACT is			
ubject to various Risk Factors and Oth on I have provided is true and correct.		Date:				
ubject to various Risk Factors and Oth on I have provided is true and correct.						
ubject to various Risk Factors and Oth on I have provided is true and correct. urchaser:						
ubject to various Risk Factors and Oth on I have provided is true and correct. urchaser: EECTION VII: Mail the Comp Each section of the form is completed		ify the following:	porate Resolution.			
Depth of the form is completed Payment is enclosed (if applicable)	leted Form. Please veri	ify the following: ☐ If a Corporation, please attach a copy of your Con	porate Resolution.			
Department of the form is completed. Department of the form is completed. Department is enclosed (if applicable).	leted Form. Please veri	ify the following: If a Corporation, please attach a copy of your Con If a Trust, please attach a copy of your Declaration	porate Resolution.			
ubject to various Risk Factors and Oth ion I have provided is true and correct.	leted Form. Please veri	ify the following: If a Corporation, please attach a copy of your Cor If a Trust, please attach a copy of your Declaration Mail the completed application, and application for	porate Resolution.			